

Request for Proposal

Group/Organization Name _____ Contact Person _____

Telephone _____ Fax _____ E-mail _____

Nature of Industry _____

Street Address _____

City _____ State/Province _____ Country _____ Postal Code _____

Requested Effective Date _____

Total number of international assignees (expatriates, third country nationals, key local nationals) _____

Of the international assignee population, total number of U.S. citizens _____

Is the company/organization a subsidiary or division of a U.S. or Canadian corporation? Yes No

Are any employees/dependents currently residing in the U.S. or Canada? Yes No If yes, how many? _____

Does applicant currently have group medical insurance? Yes No

(If yes, please provide name of carrier, current and renewal rates, schedule of benefits, and claims experience.)

Has another insurance company refused to quote on this group? Yes No

Are any employees or dependents presently on COBRA? Yes No

(If yes, please list those employees separately on the census listing.)

REQUESTED PLAN OF BENEFITS

Deductible

- \$100
- \$250
- \$500
- \$1,000
- \$2,500
- \$5,000
- \$10,000

Max. Deductible

- 2 per family
- 3 per family (Std)

Lifetime Maximum

- \$1,000,000 (Std)
- \$5,000,000

Coverage in the US/Canada

- Include
- Exclude

Prescription Drug Benefit

- (Optional benefit - coverage available only in the U.S.)
- A-\$10 generic/\$20 brand name
 - B-\$15 generic/\$30 brand name

Life Insurance Benefit*

- \$10,000
- \$25,000
- \$50,000
- 1 X's Salary to a Maximum* of \$ _____
- 2 X's Salary to a Maximum* of \$ _____
- 3 X's Salary to a Maximum* of \$ _____

*Maximum available guaranteed issue is \$100,000

Please answer the following questions. If your answer to any question is yes, please give details in the space provided. Attach additional pages as necessary.

1. Has any employee or dependent suffered from an injury, illness or other medical/health condition that resulted in total claims of US\$2,500 or more during the last three years? Yes No
2. Are any employees or dependents currently hospitalized, confined at home or a treatment facility, disabled or incapacitated? Yes No
3. Are any employees or dependents currently pregnant? Yes No
4. Are any employees or dependents not actively at work performing his/her normal duties due to illness, injury or other medical/health condition? Yes No
5. Are you aware of any circumstances, chronic or continuing medical, mental or nervous conditions which can be expected to produce ongoing claims for any employees or dependents? Yes No

